



**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS**

**Notice Regarding  
Alternative Dispute Resolution Questionnaire**

**Case No. 4:14-cv-02126**

**Style: Ellis v. Educational Commission for Foreign Medical Graduates**

The attached questionnaire is being sent to you in accordance with Local Rule 16.4.K.3 which states in part "The ADR Administrator shall submit a questionnaire evaluating the ADR provider and proceeding to the parties and counsel; counsel and parties must complete and return the questionnaires to the Court. The Court, attorneys, and the public may review the questionnaires in the clerk's office."

Attorneys are requested to forward a copy of the questionnaire to their individual client or client representative who participated in the ADR proceeding.

The completed questionnaires are **not** a part of the official court file in CM/ECF. Do **NOT** file the completed questionnaire. The questionnaire should be signed, scanned, and emailed or mailed to the Court's ADR Administrator at:

[ADR\\_Administrator@txs.uscourts.gov](mailto:ADR_Administrator@txs.uscourts.gov)

or

ADR Administrator  
Clerk's Office  
United States District Court  
515 Rusk Street  
Houston, Texas 77002

Thank you,

ADR Administrator for the  
United States District Court  
Southern District of Texas

**ALTERNATIVE DISPUTE RESOLUTION QUESTIONNAIRE****Case No. 4:14-cv-02126****Case Name: Ellis v. Educational Commission for Foreign Medical Graduates**DO NOT FILE. RETURN COMPLETED FORM TO [ADR\\_Administrator@txs.uscourts.gov](mailto:ADR_Administrator@txs.uscourts.gov).**INFORMATION ABOUT YOU**

<b>Name:</b>	<b>Phone No:</b>	<b>Email:</b>
<b>Address:</b>		
<b>In this case, you were:</b>	Plaintiff	Defendant
	Attorney for Plaintiff	Attorney for Defendant
	Other (specify)	

**ADR INFORMATION**

<b>Name of ADR provider:</b>		<b>PRID No:</b>
<b>ADR method used:</b>	Mediation	Mini-Trial
	Summary Jury Trial	Arbitration
<b>Referral to ADR was:</b>	Court ordered	Agreed upon by the parties
<b>ADR provider was:</b>	Court selected	Agreed upon by the parties
<b>Was the ADR proceeding helpful to understanding the issues in the case?</b>		_____ Yes _____ No
<b>ADR proceeding consumed how many hours (not including preparation time)?</b>		Hours:
<b>Results of the ADR proceeding:</b> _____ Case settled after referral but before ADR proceeding. _____ Case settled at ADR proceeding. _____ Case settled after ADR proceeding as a result of ADR proceeding. _____ Case settled after, but <b>not</b> as a result of, ADR proceeding. _____ Case did not settle.		
<b>Please rate the skill and effectiveness of the ADR provider:</b> _____ Excellent _____ Satisfactory _____ Unsatisfactory		
<b>Comments:</b>		
<b>Previous participation in ADR proceedings (number of each):</b>	Mediation	Mini-Trial
	Summary Jury Trial	Arbitration

**ATTORNEYS ONLY**

Trial Setting:     /     /	Discovery Cut Off:     /     /	Judge:
Type of Case:		
Amount in controversy and relief sought by <b>plaintiff</b> : \$		Other relief:
Amount in controversy and relief sought by <b>other party</b> : \$		Other relief:

**CLIENTS ONLY**

Name, address, and phone number of your attorney:
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<b>Signature:</b>	<b>Date:</b>
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